

7. a. No. 1.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

17082

County Kent

Village or City Rock Hall

(No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 203

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Robt H. Ayres

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word) Single

6 DATE OF BIRTH Dec 1, 1931

(Month)

(Day)

(Year)

7 AGE 72 yrs. — mds. / ds.

81 LESS THAN  
1 day, \_\_\_\_ hrs.  
OR \_\_\_\_ min. ?

8 OCCUPATION Farmer

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Kent Co Md.

10 NAME OF FATHER Robt H. Ayres

11 BIRTHPLACE OF FATHER Kent Co Md.

12 MAIDEN NAME OF MOTHER Elizabeth Ayres

13 BIRTHPLACE OF MOTHER Kent Co Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. G. Ayres

(Address) Chesterstown, Md.

15

Filed 12/4 1913 7 B. Dunning

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 2, 1913

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from

Nov. 3, 1913, to Dec. 2, 1913,

that I last saw him alive on Dec. 2, 1913,

and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH\* was as follows:

Paralysis,

Exhaustion

(Duration) yrs. 1 mds. 2 ds.

Contributory  
(Secondary)

(Duration) yrs. mds. ds.

(Signed)

Dr. Selby, M. D.

Dec. 2, 1913 (Address) Rock Hall

\* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mds. ds. In the State yrs. mds. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

West Chapel Kent Co Md Dec 2, 1913

20 UNDERTAKER ADDRESS

Chas. Dodd Chesterfield

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not maid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*; *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d<sup>s</sup>*; *Bronchopneumonia* (secondary), *10 d<sup>s</sup>*. Never report mere symptoms or terminal conditions, such as "An-  
thema," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 3 1914

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**1 PLACE OF DEATH** 17083  
County Kent Co.

Village or City Near Chestertown

(No.)

**2 FULL NAME** Virginia C. Byrnes

## PERSONAL AND STATISTICAL PARTICULARS

**3 SEX** Female **4 COLOR OR RACE** White **5 MARRIED, WIDOWED, DIVORCED** Widow  
(Write the word)

**6 DATE OF BIRTH** Oct. 16<sup>th</sup>, 1836  
(Month) (Day) (Year)

**7 AGE** 77 yrs. 2 mos. 1 ds. **8 OCCUPATION** It LESS than  
1 day, hrs.  
OR min. ?

(a) Trade, profession, or  
particular kind of work.  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

**9 BIRTHPLACE**  
(State or country) Md.

**10 NAME OF FATHER** George B. Ford

**11 BIRTHPLACE OF FATHER**  
(State or country) Md.

**12 MAIDEN NAME OF MOTHER** Kennard

**13 BIRTHPLACE OF MOTHER**  
(State or country) Md.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) Annie V. Byrnes  
(Address) Chestertown, Md.

**15**  
Filed Dec. 30, 1913 W.C. Townsend

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 205

St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** Dec 23, 1913  
(Month) (Day) (Year)

**17** I HEREBY CERTIFY, That I attended deceased from Nov 2<sup>nd</sup>, 1913, to Dec 23, 1913,

that I last saw her alive on Dec 22, 1913,

and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH was as follows:

debility  
attack of disease

(Duration) Decade yrs. mos. ds.

Contributory  
(Secondary) (Duration) yrs. mos. ds.

(Signed) J.W. Thompson, M.D.  
Dec 23, 1913 (Address) Chestertown

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place \_\_\_\_\_ yrs. mos. ds. In the State \_\_\_\_\_ yrs. mos. ds.

Where was disease contracted,  
If not at place of death?

Former or usual residence.

**19 PLACE OF BURIAL OR REMOVAL** Chestertown  
**DATE OF BURIAL** Dec 23, 1913

**20 UNDERTAKER** J.W. Ferguson  
**ADDRESS** Chestertown

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the **DISEASE** causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcin-*

oma

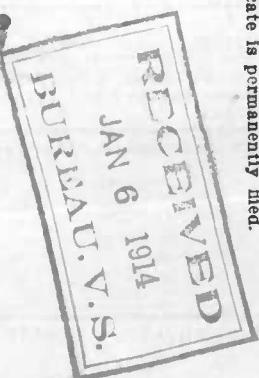
Surcoma

etc.

of

(name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for walling  
neoplasms); *Measles*; *Whooping cough*; *Chronic  
valvular heart disease*; *Chronic interstitial nephritis*  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex.  
example: *Measles* (disease causing death), *29 d.s.*  
*Bronchopneumonia* (secondary), *10 d.s.* Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anæmia" (merely symptomatic), "Atrophy,"  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Træmnia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "Puerperal septicemia,"  
"Puerperal peritonitis," etc. State cause for  
which surgical operation was undertaken. For vio-  
lent death—state means of injury and qualify as  
accidental, suicidal, or homicidal, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train—acci-  
dent*; *Revolver wound of head—homicide*; *Poisoned  
by carbolic acid—probably suicide*. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
sepsis, tetanus) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

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tions answered in detail, it will prevent further correspon-  
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## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH  
County *Kent County*  
17084

Village or City *Mallington* (No.)

2 FULL NAME *Charles Edward Callahan*

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <i>Male</i>	4 COLOR OR RACE <i>Black</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>
8 DATE OF BIRTH <i>Aug 12, 1895</i> (Month) (Day) (Year)		
7 AGE <i>78 yrs. 4 mos. 1 ds.</i> If LESS than 1 day, hrs. OR min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Farmer</i> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <i>Md</i>		
PARENTS	10 NAME OF FATHER <i>Callahan</i>	11 BIRTHPLACE OF FATHER (State or country) <i>Unknown</i>
	12 MAIDEN NAME OF MOTHER <i>Eloa Morris</i>	13 BIRTHPLACE OF MOTHER (State or country) <i>Md</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mathilda Callahan*

(Address) *Mallington R. F. D.*

15 DEC 13 1913  
Filed *Julian Power*

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

64  
Registered No. ....

St: ..... Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
*Dec 13, 1913*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY. That I attended deceased from  
....., 1913, to ..... 1913,  
that I last saw him alive on ..... 1913,  
and that death occurred on the date stated above, at .....  
The CAUSE OF DEATH\* was as follows:

*Aphilexy*  
(Duration) ..... yrs. ..... mos. ..... ds.  
Contributory (Secondary) *Arterio-sclerosis*  
..... yrs. ..... mos. ..... ds.  
*Arterio-sclerosis*  
..... yrs. ..... mos. ..... ds.  
(Signed) *Arthur E. Landers, M.D.*  
*Dec 13, 1913* (Address) *Ornington*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place  
of death ..... yrs. ..... mos. ..... ds. In the  
State ..... yrs. ..... mos. ..... ds.

Where was disease contracted,  
if not at place of death?

Former or  
usual residence

19 PLACE OF BURIAL OR REMOVAL

*Chesterville* DATE OF BURIAL  
*Dec 15, 1913*  
20 UNDERTAKER  
*John L Smith* ADDRESS  
*Mallington*

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

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Statement of cause of death—Name, first, the disease

causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcin-*

**oma**, *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.s.**; *Bronchopneumonia* (secondary), **10 d.s.** Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent dealers state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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**1 PLACE OF DEATH**  
County *Kent* 17085

Village or City *Sassafras* (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. ....

St. .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** *Samuel Leon Christy*

## PERSONAL AND STATISTICAL PARTICULARS

<b>3 SEX</b> <i>Male</i>	<b>4 COLOR OR RACE</b> <i>Colored</i>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word) <i>Single</i>
<b>6 DATE OF BIRTH</b> <i>Aug 17, 1913</i> (Month) (Day) (Year)		
<b>7 AGE</b> <i>3 yrs. 3 mos. 25 ds.</i> If LESS than 1 day, ____ hrs. OR ____ min. ?		

<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work. <i>None</i>
(b) General nature of Industry, business, or establishment in which employed (or employer) <i>Md.</i>

<b>9 BIRTHPLACE</b> (State or country) <i>Md.</i>
---

<b>10 NAME OF FATHER</b> <i>Leon Christy</i>
---

<b>11 BIRTHPLACE OF FATHER</b> (State or country) <i>Md.</i>
--

<b>12 MAIDEN NAME OF MOTHER</b> <i>Mildred Goldfarb</i>
--

<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <i>Md.</i>
--

<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <i>Mildred Christy</i>
(Address) <i>Sassafras</i>

<b>15</b> Filed <i>Dec 13, 1913</i>
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<i>Hary Griffitt</i> REGISTRAR
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## MEDICAL CERTIFICATE OF DEATH

**18 DATE OF DEATH**  
*Dec 13, 1913*  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from**  
*bleeding & medicine*,  
that I last saw h ..... alive on .....  
and that death occurred on the date stated above, at .....  
The CAUSE OF DEATH\* was as follows:

*Brucellosis*  
(Duration) *had feaver* yrs. mos. ds.  
Contributory *Heart failure* (Secondary) *for hours*  
(Duration) yrs. mos. ds.  
(Signed) *Geo R Jones Health Officer, M.D.*  
*Dec 13, 1913* (Address) *Gulf Head*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

**18 PLACE OF BURIAL OR REMOVAL**  
*Sassafras*

**20 UNDERTAKER** *Patt.* **DATE OF BURIAL** *Dec 14, 1913*

ADDRESS

# REVISED UNITED STATES STANDARD

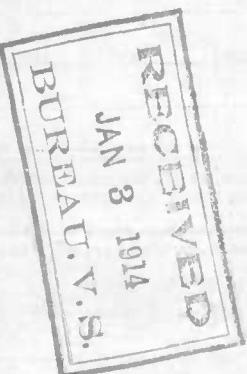
## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcin-*oma. *Surcoma*, etc., or \_\_\_\_\_ (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal sepsis," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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## 1 PLACE OF DEATH

County Kent

17086

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 201

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City near Kennedyville (No.)

## 2 FULL NAME

John McLeod Daniels

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	married
6 DATE OF BIRTH		
		Octo 24, 1862
		(Month) (Day) (Year)
7 AGE		If LESS than 1 day, .... hrs. OR ..... min. ?
		51 yrs. 2 mos. 7 ds.

8 OCCUPATION	
(a) Trade, profession, or particular kind of work	Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)	

9 BIRTHPLACE (State or country)	Del
------------------------------------	-----

10 NAME OF FATHER	John McLeod Daniels
----------------------	---------------------

11 BIRTHPLACE OF FATHER	Del
----------------------------	-----

12 MAIDEN NAME OF MOTHER	Mary E. Hegman
-----------------------------	----------------

13 BIRTHPLACE OF MOTHER	Del
----------------------------	-----

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant)	John McLeod Daniels
(Address)	Kennedyville Md.

15 Filed Del 22, 1913 William Parr Local

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Dec 21, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from at time of past 3 yrs., 1910, that I last saw him alive on in Oct., 1913, and that death occurred on the date stated above, at 11 A.M.

The CAUSE OF DEATH\* was as follows:

Cancer of mouth

(Duration) 3 yrs. 9 mos. 0 ds.

Contributory  
(Secondary)

(Signed) Frank B. Horne, M.D.  
Dec 21, 1913 (Address) Chestertown Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Chester Cemetery Chestertown Dec 23rd, 1913

20 UNDERTAKER ADDRESS  
John L. Dodd Chestertown

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Loher pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcin-*

*oma*, *Surcoma*, etc., of \_\_\_\_\_ (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marnus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JAN 5 1914

BURIAU, V.S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<b>* PLACE OF DEATH</b>		17087	<b>STATE OF MARYLAND CERTIFICATE OF DEATH</b>	
County	Kent	184	Registration Dist. No.	204
Village or City	Melton	Worton	St.; Ward)	
<b>* FULL NAME</b> James A. Coleman				
<b>PERSONAL AND STATISTICAL PARTICULARS</b>				
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, DIVORCED</b> (Write the word)	<b>MARRIED</b>	
Male	White			
<b>6 DATE OF BIRTH</b>				
May 26		1858	(Month)	(Day) (Year)
<b>7 AGE</b>				
55 yrs. 6 mos. 58 ds.		If LESS than 1 day, .... hrs. OR min. ?		
<b>8 OCCUPATION</b>				
(a) Trade, profession, or particular kind of work... Farmer				
(b) General nature of industry, business, or establishment in which employed (or employer)				
<b>9 BIRTHPLACE</b> (State or country)				
Lynn Anne Co Md				
<b>10 NAME OF FATHER</b>				
James Coleman				
<b>11 BIRTHPLACE OF FATHER</b> (State or country)				
Greenbush Co Md				
<b>12 MAIDEN NAME OF MOTHER</b>				
Elizabeth				
<b>13 BIRTHPLACE OF MOTHER</b> (State or country)				
Anderson				
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>				
(Informant) John W. Smith (Address) Worton Md				
<b>15</b>				
Dec 25, 1913		J. W. Smith	REGISTRAR	
<b>16 DATE OF DEATH</b>				
Dec 34		1913	(Month)	(Day) (Year)
<b>17 I HEREBY CERTIFY</b> That I attended deceased from Dec 23, 1913, to Dec 34, 1913.				
that I last saw h..... alive on Dec 34, 1913.				
and that death occurred on the date stated above, at 11:00 A.M.				
The CAUSE OF DEATH* was as follows:				
Murdered Repressed fracture of skull				
(Duration) yrs. mos. ds.				
Contributory (Secondary) Hemorrhage Thro.				
(Duration) yrs. mos. ds.				
(Signed) Frank W. Smith, M. D. Dec 34, 1913. (Address) Chestertown				
* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b>				
At place of death yrs. mos. ds. In the State yrs. mos. ds.				
Where was disease contracted, If not at place of death?				
Former or usual residence				
<b>19 PLACE OF BURIAL OR REMOVAL</b>				
Chestertown Cemetery		DATE OF BURIAL	Dec 34, 1913	
<b>20 UNDERTAKER</b>				
Chas. L. Dodd		ADDRESS	Chestertown	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

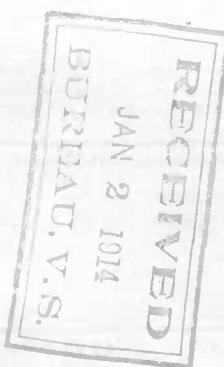
**Statement of occupation**—Precise statement of occupation is very important, so that the relative "healthfulness" of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material line on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma

*Surcoma*, etc., of ..... (name origin: "Can-  
cer" is less definite; avoid use of "Tumor" for malignant  
neoplasms); *Measles*; *Whooping cough*; *Chronic  
rheumatic heart disease*; *Chronic interstitial nephritis*  
etc. The contributory (secondary or intercurrent)  
affection need not be stated unless important. Ex-  
ample: *Measles* (disease causing death), 29 d.s.;  
*Bronchopneumonia* (secondary). 10 d.s. Never report  
mere symptoms or terminal conditions, such as "As-  
thenia," "Anaemia" (merely symptomatic), "Atrophy",  
"Collapse," "Coma," "Convulsions," "Debility" ("Con-  
genital," "Senile," etc.), "Dropsy," "Exhaustion,"  
"Heart failure," "Haemorrhage," "Inanition," "Maras-  
mus," "Old Age," "Shock," "Uraemia," "Weakness,"  
etc., when a definite disease can be ascertained as the  
cause. Always qualify all diseases resulting from  
childbirth or miscarriage, as "Puerperal septica-  
mia," "Puerperal peritonitis," etc. State cause for  
which surgical operation was undertaken. For violent  
deaths state means of injury and qualify as  
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*  
such, if impossible to determine definitely. Examples:  
*Accidental drowning*; *Struck by railway train*—acci-  
dent; *Revolver wound of head*—homicide; *Poisoned  
by carbolic acid*—probably suicide. The nature of the  
injury, as fracture of skull, and consequences (e. g.,  
*sepsis*, *tetanus*) may be stated under the head of  
"Contributory." (Recommendations on statement of  
cause of death approved by Committee on Nomencla-  
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all ques-  
tions answered in detail, it will prevent further correspond-  
ence. All the data is essential and must be obtained before  
the certificate is permanently filed.



## MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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<sup>1</sup> PLACE OF DEATH County <u>Kent</u>		17088	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City <u>Piney Neck</u> (No. <u>Rock Hall 1</u> )			Registration Dist. No. <u>203</u>	St. _____	Ward _____
<sup>2</sup> FULL NAME <u>James Henry Copper</u> <small>[If death occurred in a hospital or institution, give its NAME instead of street and number.]</small>					
PERSONAL AND STATISTICAL PARTICULARS					
<sup>3</sup> SEX <u>Male</u>	<sup>4</sup> COLOR OR RACE <u>white</u>	<sup>5</sup> SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>MARRIED</u>			
<sup>6</sup> DATE OF BIRTH <u>Apr 11, 1849</u> (Month) (Day) (Year)					
<sup>7</sup> AGE <u>65 yrs. 8 mos. 14 ds.</u> If LESS than 1 day, ____ hrs. OR ____ min. ?					
<sup>8</sup> OCCUPATION <u>Book Dealer</u> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)					
<sup>9</sup> BIRTHPLACE (State or country) <u>Kent Co Md</u>					
<sup>10</sup> NAME OF FATHER <u>Charles Copper</u>					
<sup>11</sup> BIRTHPLACE OF FATHER (State or country) <u>Kent Co Md</u>					
<sup>12</sup> MAIDEN NAME OF MOTHER <u>Jane Augidine</u>					
<sup>13</sup> BIRTHPLACE OF MOTHER (State or country) <u>Kent Co Md</u>					
<sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. Copper</u> (Address) <u>Zupper Md.</u>					
15 Filed <u>12/26/1913</u> T. B. Dudding REGISTRAR					
<small>16 more blanks are needed, address State Registrar, 6 E Franklin St., Balt., Requesting V. S. No. 1.</small>					
MEDICAL CERTIFICATE OF DEATH					
<sup>18</sup> DATE OF DEATH <u>Dec. 24, 1913</u> (Month) (Day) (Year)					
<sup>17</sup> I HEREBY CERTIFY, That I attended deceased from <u>Sudden death</u> , 1913, to 1913, that I last saw him alive on 1913, and that death occurred on the date stated above, at 1145 P.M., The CAUSE OF DEATH* was as follows:					
<u>Cerebral Hemorrhage</u>					
(Duration) yrs. mos. ds.					
Contributory (Secondary) <u>Previous stroke</u>					
(Duration) <u>15</u> yrs. mos. ds.					
(Signed) <u>Franklin Smith</u> , M. D. <u>Dec 25, 1913</u> (Address) <u>Chestertown Md</u>					
<small>*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.</small>					
<sup>18</sup> LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
At place of death yrs. mos. ds. In the State yrs. mos. ds.					
Where was disease contracted, if not at place of death?					
Former or usual residence					
<sup>19</sup> PLACE OF BURIAL OR REMOVAL <u>Chestertown</u>					
DATE OF BURIAL <u>Dec 27, 1913</u>					
ADDRESS <u>Chestertown</u>					
<sup>20</sup> UNDERTAKER <u>J. C. Ferguson</u>					

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

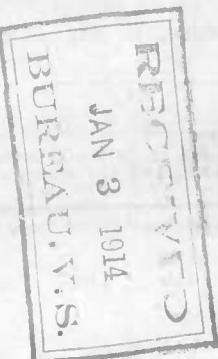
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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc. *Carcin-*oma. *Sarcoma*, etc., of ..... (name origin, "Can-  
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## 1 PLACE OF DEATH

County Kent 17089  
19

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 205

St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Cliffs (No.)

## 2 FULL NAME

Mary L. Crouch

## PERSONAL AND STATISTICAL PARTICULARS

<u>3 SEX</u>	<u>4 COLOR OR RACE</u>	<u>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</u> (Write the word)
<u>Female</u>	<u>White</u>	<u>Married</u>

## 6 DATE OF BIRTH

Apr 25, 1864

(Month) (Day) (Year)

## 7 AGE

49 yrs. 7 mos. 24 ds.

If LESS than  
1 day, .... hrs.  
OR ..... min. ?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work...  
(b) General nature of industry, business, or establishment in which employed (or employer)

House Keeper9 BIRTHPLACE  
(State or country)

## 10 NAME OF FATHER

Sam'l G. Neal11 BIRTHPLACE OF FATHER  
(State or country)Kent Co. Md.

## 12 MAIDEN NAME OF MOTHER

Sarah R. Startt13 BIRTHPLACE OF MOTHER  
(State or country)Kent Co. Md.

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Lulu Crouch  
Chestertown MD

Filed Dec 30, 1913 W.C. Townsend

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Dec 17, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

that I last saw her alive on about Dec 10, 1913

and that death occurred on the date stated above, at 9 A.M.

The CAUSE OF DEATH\* was as follows:

cardiac asthma

(Duration) yrs. mos. ds.

Contributory Valvular heart  
Secondary lesson(Duration) Many yrs. mos. ds.(Signed) H. Benge Sympath., M.D.Dec 18, 1913 (Address) Chestertown

\*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

Chestertown MD DATE OF BURIAL Dec 19, 1913

## 20 UNDERTAKER

Chas L. Dodd ADDRESS Chestertown

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dicalor," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Houseworker*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*) For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictanus*) may be stated under the head of "Contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



oma, Sarcoma, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Examples: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *ictanus*) may be stated under the head of "Contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<b>1 PLACE OF DEATH</b>		17090
County <u>Kent</u>		<i>30</i>
Village or City <u>near Lynch</u>		(No. <u></u> )
<b>2 FULL NAME</b> <u>George Hackett Duckery</u>		
<b>PERSONAL AND STATISTICAL PARTICULARS</b>		
<b>3 SEX</b> <u>Male</u>	<b>4 COLOR OR RACE</b> <u>Black</u>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word) <u>single</u>
<b>6 DATE OF BIRTH</b>		<b>7 AGE</b>
<u>July 19, 1913</u>		<u>— yrs. 5 mos. 2 ds.</u>
		If LESS than 1 day, ____ hrs. OR ____ min. ?
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work <u></u> (b) General nature of industry, business, or establishment in which employed (or employer) <u></u>		
<b>9 BIRTHPLACE</b> (State or country) <u>Kent Co Md</u>		
<b>10 NAME OF FATHER</b> <u>James Duckery.</u>		
<b>11 BIRTHPLACE OF FATHER</b> (State or country) <u>Maryland.</u>		
<b>12 MAIDEN NAME OF MOTHER</b> <u>Reba Hackett</u>		
<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <u>Kent Co Md</u>		
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <u>James Duckery</u> (Address) <u>Kennedyville, R.F.D.</u>		
15 Filed <u>Dec 22, 1913</u> By <u>Gillian Pass</u> Local REGISTRAR		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 201

St.: Ward)

[If death occurred in  
a hospital or Institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** Dec 22, 1913  
(Month) (Day) (Year)

**17** I HEREBY CERTIFY, That I attended deceased from Dec 19, 1913, to Dec 21, 1913,  
that I last saw him alive on Dec 21, 1913,  
and that death occurred on the date stated above, at 11 P.M.

The CAUSE OF DEATH\* was as follows:

Tuberculosis Nervous

(Duration) yrs. mos. 6 ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Jack W. Ulric, M.D.  
Dec 22, 1913 (Address) Kennedyville

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

**19 PLACE OF BURIAL OR REMOVAL** Fountain McCh. jd **DATE OF BURIAL** Dec 22, 1913

**20 UNDERTAKER** W.H. Gruber **ADDRESS** Still Pond.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Saltman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*oma, *Sarcoma*, etc. of \_\_\_\_\_ (name origin); "Can-zer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary). 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-asmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septic-har-mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JAN 5 1914

*R. J. Morrissey, M.D.*

*Return*

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<b>1 PLACE OF DEATH</b>			
County	Kent 17091		
Village or City	Rock Hall (No.)		
<b>2 FULL NAME</b> Elizabeth Henefield			
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b>	<b>6</b>
Female	White	Widowed	66
<b>7 DATE OF BIRTH</b>		<b>8 AGE</b>	
No Record		18629 (Month)	18629 (Day) (Year)
90 yrs.	no Record	if LESS than 1 day, hrs. OR min. ?	
<b>9 BIRTHPLACE (State or country)</b>		<b>10 NAME OF FATHER</b>	
Germany		Not Known	
<b>11 BIRTHPLACE OF FATHER (State or country)</b>		<b>12 MAIDEN NAME OF MOTHER</b>	
Germany		Not Known	
<b>13 BIRTHPLACE OF MOTHER (State or country)</b>		<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>	
Germany		Herman Henefield (Informant)	
(Address)		Rock Hall Md	
<b>15</b>		Filed 12/23, 1913 T. B. Daubing	

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 203.

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## MEDICAL CERTIFICATE OF DEATH

**16 DATE OF DEATH** Dec 21, 1913  
(Month) (Day) (Year)

**17** I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1913, to Dec. 21, 1913,

that I last saw her alive on Dec. 21, 1913,

and that death occurred on the date stated above, at 10 240 m.

The CAUSE OF DEATH\* was as follows:

Dysentery  
Constipation

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) W. O. Kelly, M. D.

, 1st (Address) Rock Hall Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

**19 PLACE OF BURIAL OR REMOVAL** Wesley Chapel Cemetery **DATE OF BURIAL** Dec 23, 1913

**20 UNDERTAKER** ADDRESS Thos H. Cussey & Son Rock Hall

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*oma, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "Car-  
cer" is less definite; avoid use of "Tuber" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

JAN 3 1914

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH		17092
County		Kent
Village or City		Caledon
2 FULL NAME		Still Born
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	Black	Single
6 DATE OF BIRTH		
Dec 21, 1913 (Month) (Day) (Year)		
7 AGE		
yrs.	mos.	ds.
If LESS than 1 day, .... hrs. OR min. ?		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)		
Kent Co Md		
10 NAME OF FATHER		
Wm Jackson		
11 BIRTHPLACE OF FATHER (State or country)		
Maryland		
12 MAIDEN NAME OF MOTHER		
Rebecca Roberts		
13 BIRTHPLACE OF MOTHER (State or country)		
Maryland		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)		
Wm Jackson Wartow R.F.D.		
15 Filed Dec 22, 1913 Village Pan Local REGISTRAR		

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 201

St. Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 21, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

....., 191....., to ....., 191.....

that I last saw h..... alive on ....., 191.....

and that death occurred on the date stated above, at ... P.m.,

The CAUSE OF DEATH\* was as follows:

Still Born

(Duration) yrs. mos. ds.

Contributory  
(Secondary)(Duration) yrs. mos. ds.  
(Signed) W. S. Maxwell, M. D.

12 21, 1913 (Address) Still Pond, Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-  
DENTAL, SUICIDAL, OR HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Caledon Dec 22, 1913

20 UNDERTAKER ADDRESS

W. J. Brown Still Pond.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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LENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scpsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-  
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RECEIVED

JAN 5 1914

BUREAU, U.S.

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1 PLACE OF DEATH

17093

County Kent

Village or City Near Belvoir

2 FULL NAME Harriet B. Kelley

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 201

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH Nov 7		(Month) (Day), 1849 (Year)
7 AGE 64 yrs. 1 mos. 5 ds.		If LESS than 1 day, hrs. OR min. ?

## 8 OCCUPATION

- (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer) At Home

9 BIRTHPLACE  
(State or country) Maryland

## 10 NAME OF FATHER Samuel B. Cross

11 BIRTHPLACE OF FATHER  
(State or country) New Jersey

## 12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER  
(State or country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm H Kelley

(Address) Still Pond Md

15

Filed Dec 13<sup>th</sup>, 1913 William Parr  
Local

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

12 12, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 23d, 1913, to Dec 12th, 1913,

that I last saw her alive on Dec 12th, 1913,

and that death occurred on the date stated above, at 11 P.m.

The CAUSE OF DEATH\* was as follows:

Bright's disease.  
Died of Jaundice.

(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Wm. S. Maxwell, M. D.

Dec 13<sup>th</sup>, 1913 (Address) Still Pond, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

## 19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL  
Dec 16, 1913

## 20 UNDERTAKER

ADDRESS  
Still Pond.

**REVISED UNITED STATES STANDARD  
CERTIFICATE OF DEATH**

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

五國之書

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

oma, Surcoma, etc., of ..... (name origin; "Ganglion" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Thenia," "Thenia," "Collapse," "Convulsions," "Debility" ("Con-genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mars-mus," "Old Age," "Shock," "Uraemia," "Weakness" etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scpsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

*mia*, "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e.g., *scpsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*; *Carcin-*

RECEIVED

JAN 8 1914

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH		17094
County		Kent
Village or City		Chestertown
2 FULL NAME		
PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female Col.		Single
6 DATE OF BIRTH		
Dec. 29, 1903		
(Month) (Day) (Year)		
7 AGE		
10 yrs. 11 mos. 10 ds.		
If LESS than 1 day, ____ hrs. OR ____ min. ?		
8 OCCUPATION		
(a) Trade, profession, or particular kind of work. School child		
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)		
Kent Co. Md		
10 NAME OF FATHER		
Horace Lively		
11 BIRTHPLACE OF FATHER (State or country)		
Kent Co. Md		
12 MAIDEN NAME OF MOTHER		
Mary Cooper		
13 BIRTHPLACE OF MOTHER (State or country)		
Kent Co. Md		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) Horace Lively		
(Address) Chestertown Md		
15	Filed Nov. 8-1913 W. C. Thompson	
REGISTRAR		

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 208

St. \_\_\_\_\_ Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 8, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1913, to Dec. 7, 1913,

that I last saw her alive on Dec. 7, 1913,

and that death occurred on the date stated above, at 6 a.m.

The CAUSE OF DEATH\* was as follows:

Diphtheria

(Duration) yrs. mos. 4 ds.

Contributory  
Secondary

Diphtheria

(Duration) yrs. mos. ds.

(Signed) H. Benye Ginnon, M. D.  
Dec. 8, 1913 (Address) Chestertown\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT  
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-  
DENTAL, SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,  
if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Parrona Nov. 8, 1913

20 UNDERTAKER T. S. Sticks ADDRESS

Chestertown Md

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Hausekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Pneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, suicidal, or homicidal, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sensit. tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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RECEIVED

DEC 11 1913

BUREAU, V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

<sup>1</sup> PLACE OF DEATH  
County Kent

17095

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 200

St. Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

Village or City Millington (No.)

<sup>2</sup>FULL NAME

Susan J. Loper

PERSONAL AND STATISTICAL PARTICULARS			
<sup>3</sup> SEX Female	<sup>4</sup> COLOR OR RACE white	<sup>5</sup> SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed	
<sup>6</sup> DATE OF BIRTH May 1st, 1839		(Month) (Day) (Year)	
<sup>7</sup> AGE 74 yrs. 7 mos. 10 ds.		If LESS than 1 day, hrs. OR min. ?	
<sup>8</sup> OCCUPATION (a) Trade, profession, or particular kind of work Housewife			
(b) General nature of industry, business, or establishment in which employed (or employer)			
<sup>9</sup> BIRTHPLACE (State or country) Md.		<sup>10</sup> NAME OF FATHER John Harrington	
<sup>11</sup> BIRTHPLACE OF FATHER (State or country) Md.		<sup>12</sup> MAIDEN NAME OF MOTHER Not Known	
<sup>13</sup> BIRTHPLACE OF MOTHER (State or country) Not Known			

<sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Howard L. Loper  
(Address) Millington Md.

DEC 12 1913  
Filed 1913

Julian Power  
Loper  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

<sup>18</sup> DATE OF DEATH Dec. 10<sup>th</sup>, 1913  
(Month) (Day) (Year)

<sup>17</sup> I HEREBY CERTIFY, That I attended deceased from July 10, 1913, to Dec. 10<sup>th</sup>, 1913, that I last saw her alive on Dec. 10, 1913, and that death occurred on the date stated above, at 6 P. m.,

The CAUSE OF DEATH\* was as follows:

Pulmonary Oedema

(Duration) yrs. mos. 2 ds.  
Contributory Chronic Interstitial  
(Secondary) Nephritis (Duration) yrs. 6 mos. ds.  
(Signed) J. Herbert Bates, M. D.  
Dec. 11, 1913 (Address) Millington, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

<sup>18</sup> LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence

<sup>19</sup> PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Millington 12-13, 1913

<sup>20</sup> UNDERTAKER ADDRESS

John S. Smith Millington

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

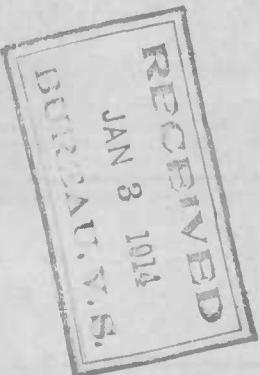
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthiness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Labrer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death—Name, first, the disease causing death** (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal meningitis*; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

*oma*, *Sarcoma*, etc., of \_\_\_\_\_ (name origin); "*Cancer*" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Abscissa*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("Con genital," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Malaria*," "*Old Age*," "*Shock*," "*Traæmia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture or skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH County Kent		17096	STATE OF MARYLAND CERTIFICATE OF DEATH	
Village or City Melchora		(No.)	Registration Dist. No. 204	
2 FULL NAME Annie M Stewart		St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX Female	4 COLOR OR RACE Colored	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widow	MEDICAL CERTIFICATE OF DEATH	
6 DATE OF BIRTH		Nov. 30, 1831 (Month) (Day) (Year)	16 DATE OF DEATH	Dec. 31, 1913 (Month) (Day) (Year)
7 AGE 82 yrs.	82 mos.	If LESS than 1 day, hrs. OR min. ?	I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1913, to Dec. 31, 1913, that I last saw her alive on Dec. 28, 1913, and that death occurred on the date stated above, at 3:30 P.M. The CAUSE OF DEATH* was as follows:	
9 BIRTHPLACE (State or country) Kent Co., Md.		Chronic Diffuse Nephritis		
10 NAME OF FATHER Sam Lively		(Duration) 1 yrs. 2 mos. 0 ds.		
11 BIRTHPLACE OF FATHER (State or country) Kent Co., Md.		Contributory Primary		
12 MAIDEN NAME OF MOTHER Kath. Lively Benson		Secondary		
13 BIRTHPLACE OF MOTHER (State or country) Kent Co., Md.		(Duration) yrs. mos. 0 ds.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Geo. H. Stewart (Address) Norton, R.F.D.				
15 Filed Jan. 1, 1914 J. W. Search.	Where was disease contracted, if not at place of death? Former or usual residence.		In the State yrs. mos. 0 ds.	
16		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. 0 ds.		
19 PLACE OF BURIAL OR REMOVAL (Address) Melchora Co., Md. Farm 4		DATE OF BURIAL 1914		
20 UNDERTAKER Chas. L. Stoddard, Melchora, Md.		ADDRESS		

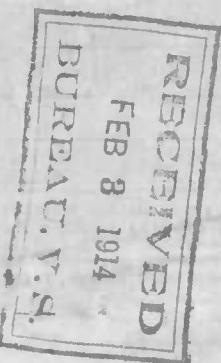
# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.*, *Carcinoma*, *Sarcoma*, etc., of..... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Confidential," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "*Puerperal septicæmia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probability* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury as fracture of skull, and consequences (e. g., *sensitis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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<sup>1</sup> PLACE OF DEATH  
Kent County

1709<sup>7</sup>

Village or City Millington (No.)

<sup>2</sup>FULL NAME Wilbert Thompson

## PERSONAL AND STATISTICAL PARTICULARS

<sup>3</sup> SEX Male    <sup>4</sup> COLOR OR RACE Colored

<sup>5</sup> SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)

Single

<sup>6</sup> DATE OF BIRTH

July 28, 1913  
(Month) (Day) (Year)

<sup>7</sup> AGE

If LESS than  
yrs. 14 mos. 18 ds. OR min. ?  
1 day, ... hrs.

<sup>8</sup> OCCUPATION(a) Trade, profession, or  
particular kind of work

None

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)<sup>9</sup> BIRTHPLACE  
(State or country)

Md.

<sup>10</sup> NAME OF FATHER

William Thompson

<sup>11</sup> BIRTHPLACE OF FATHER  
(State or country)

Md.

<sup>12</sup> MAIDEN NAME OF MOTHER

Aber Burgett

<sup>13</sup> BIRTHPLACE OF MOTHER  
(State or country)

Zeeen Amz Co.

<sup>14</sup> THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William Thompson

(Address)

Millington Md.

<sup>15</sup> REC 19 1913  
191

File #

Julian Dow

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 200

St.; Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

## MEDICAL CERTIFICATE OF DEATH

<sup>16</sup> DATE OF DEATHDecember 18, 1913  
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Aug 18, 1913, to Dec 18, 1913,  
that I last saw him alive on Dec 17, 1913,

and that death occurred on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH\* was as follows:

Broncho-pneumonia

(Duration) yrs. 10 mos. ds.

Contributory Exhaustion  
(Secondary)

(Duration) yrs. mos. 1 ds.

(Signed) Herbert Sales, M. D.  
1913 (Address) Millington, Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

<sup>18</sup> LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? yrs. mos. ds.

Former or usual residence yrs. mos. ds.

<sup>19</sup> PLACE OF BURIAL OR REMOVAL

Millington

DATE OF BURIAL  
12-19, 1913<sup>20</sup> UNDERTAKER

John LeSmith

ADDRESS  
Millington  
Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

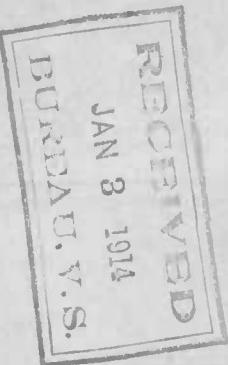
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Cotton, mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of death—Name, first, the DISEASE causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc. Carcin-

oma, Sarcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 d.; Bronchopneumonia (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Traæmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railroad train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture or skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<b>1 PLACE OF DEATH</b>		17098
County <u>Kent</u>		
Village or City <u>near Lynch</u> (No.)		
<b>2 FULL NAME</b> <u>Martly Massing Wells</u>		
<b>PERSONAL AND STATISTICAL PARTICULARS</b>		
<b>3 SEX</b> <u>Male</u>	<b>4 COLOR OR RACE</b> <u>Black</u>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(Write the word)</u> <u>single</u></b>
<b>6 DATE OF BIRTH</b> <u>Feb 8</u> , <u>1903</u> (Month) (Day) (Year)		
<b>7 AGE</b> <u>10 yrs. 9 mos. 22 ds.</u> If LESS than 1 day, _____ hrs. OR min. ?		
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work. <u> </u> (b) General nature of industry, business, or establishment in which employed (or employer) <u> </u>		
<b>9 BIRTHPLACE</b> (State or country) <u>Kent Co Md</u>		
<b>10 NAME OF FATHER</b> <u>Walter Wells</u>		
<b>11 BIRTHPLACE OF FATHER</b> (State or country) <u>Maryland</u>		
<b>12 MAIDEN NAME OF MOTHER</b> <u>Agnes Massing</u>		
<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <u>Maryland</u>		
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (informant) <u>Ritty Massing</u> (Address) <u>Kennedyville P.R.F.D.</u>		
15 Filed <u>Dec 1, 1913</u> William Parry Local REGISTRAR		

If more blanks are needed, address State Registrar, 8 E. Franklin St., Balt., Requesting V. S. No. 1.

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. \_\_\_\_\_

St. \_\_\_\_\_ Ward)

[If death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.]

<b>MEDICAL CERTIFICATE OF DEATH</b>		
<b>16 DATE OF DEATH</b>	12 - 1	, 1913 (Month) (Day) (Year)
<b>17 I HEREBY CERTIFY</b> , That I attended deceased from <u>Aug 31st</u> , 1913, to <u>Nov 30th</u> , 1913, that I last saw him alive on <u>Nov 30th</u> , 1913, and that death occurred on the date stated above, at <u>1 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Typhoid fever - Rheumatism,</u> <u>and acute indigestion.</u>		
(Duration) yrs. mos. ds.		
<b>Contributory (Secondary)</b>		
(Duration) yrs. mos. ds.		
(Signed) <u>W. S. Maxwell</u> , M. D. 12 - 1, 1913 (Address) <u>Still Pond, Md.</u>		
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b>		
At place of death yrs. mos. ds. In the State yrs. mos. ds.		
Where was disease contracted, if not at place of death?		
Former or usual residence.		
<b>19 PLACE OF BURIAL OR REMOVAL</b>	<b>DATE OF BURIAL</b>	
<u>Mountain M.E. Chgd</u>	<u>Dec 2, 1913</u>	
<b>20 UNDERTAKER</b>		
ADDRESS <u>W. H. Green</u> <u>Still Pond.</u>		

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH.

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal meningitis*; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.. *Carcin-*

oma

Surcoma

etc., of ..... (name origin: "Cap-  
er" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 5 1914

BUREAU, V.S.

## MARGIN RESERVED FOR BINDING

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County *Kent*

17099

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. *200*Village or City *Golts* (No.)St. *Ward*)

## 2 FULL NAME

*Mary Elsie Wharton*

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,  
MARRIED,  
WOOED,  
OR DIVORCED  
(Write the word)*Female**White**Single*

6 DATE OF BIRTH

*June 4*

(Month)

*1901*

(Year)

7 AGE

*12*yrs. *6* mos. *23* ds.If LESS than  
1 day, hrs.  
OR min.?

## 8 OCCUPATION

(a) Trade, profession, or  
particular kind of work.(b) General nature of industry,  
business, or establishment in  
which employed (or employer)9 BIRTHPLACE  
(State or country)*Child**Maryland*

## PARENTS

10 NAME OF  
FATHER*H. J. Wharton*11 BIRTHPLACE  
OF FATHER  
(State or country)*North Carolina*12 MAIDEN NAME  
OF MOTHER*Elsie L. Whillock*13 BIRTHPLACE  
OF MOTHER  
(State or country)*Maryland*

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *H. J. Wharton*(Address) *Golts*15 DEC 29 1913  
Filed *1913*

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

*Dec.**27*

(Month)

*1913*

(Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec. 1st*, 1913, to *Dec. 26th*, 1913, that I last saw her alive on *Dec. 26th*, 1913, and that death occurred on the date stated above, at *4 A.M.*, The CAUSE OF DEATH was as follows:

*Typhoid - Pneumonia  
with Hernia*(Duration) yrs. mos. *27* ds.Contributory  
(Secondary)

(Duration) yrs. mos. ds.

(Signed) *Mesire Brice*, M.D.*Dec. 29, 1913* (Address) *Wilmington, Del.*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL

*New Castle Del.* DATE OF BURIAL *Dec. 31, 1913*20 UNDERTAKER *J. H. Collins* ADDRESS *Townsend*

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc.. *Carcin-*

oma

Surcoma

etc.

of

(name origin)

"Can-  
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Mosies* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital"), "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory" (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 8 1914

BUREAU, V.S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

<b>1 PLACE OF DEATH</b>		17100
County	Kent	
Village or City	Galena (No.)	
<b>2 FULL NAME</b> Sarah C Higgins		
<b>PERSONAL AND STATISTICAL PARTICULARS</b>		
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>	<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)</b>
Female	White	Minned.
<b>6 DATE OF BIRTH</b>		
January 25th		1845
(Month)	(Day)	(Year)
<b>7 AGE</b>	If LESS than 1 day, _____ hrs. OR _____ min. ?	
68 yrs. 10 mos. 22 ds.		
<b>8 OCCUPATION</b>		
(a) Trade, profession, or particular kind of work.		
Housewife		
(b) General nature of industry, business, or establishment in which employed (or employer)		
<b>9 BIRTHPLACE</b> (State or country)		
Maryland		
<b>10 NAME OF FATHER</b>		
Charles Lane		
<b>11 BIRTHPLACE OF FATHER</b> (State or country)		
Maryland		
<b>12 MAIDEN NAME OF MOTHER</b>		
Miss Golt.		
<b>13 BIRTHPLACE OF MOTHER</b> (State or country)		
Md.		
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>		
(Informant)	W. E. Morris	
(Address)	Church Hill Md.	
<b>15</b>	Filed DEC 19 1913 Julian Dour	
REGISTRAR		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

**STATE OF MARYLAND  
CERTIFICATE OF DEATH**

Registration Dist. No.

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**MEDICAL CERTIFICATE OF DEATH****16 DATE OF DEATH**

Dec. 17th, 1913

(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from**

Dec. 5th, 1913, to Dec. 17th, 1913,

that I last saw her alive on Dec. 17th, 1913,

and that death occurred on the date stated above, at 7 P.M.

The CAUSE OF DEATH\* was as follows:

Paralysis.

(Duration) yrs. mos. ds.

Contributory (Secondary) Chiaras Gastritis

(Duration) yrs. mos. ds.

(Signed) G. R. Jones, M.D.

Dec. 18, 1913 (Address) Galena Md.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)**

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

**19 PLACE OF BURIAL OR REMOVAL**

Church Hill Cemetery Dec. 19, 1913

**20 UNDERTAKER** J. R. Brown ADDRESS Church Hill

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.. *Carcin-*

*oma*, *Surcoma*, etc., of \_\_\_\_\_ (name origin: "Capser" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.* *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Anethnia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara-

*nus*," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 3 1914

BUREAU. V. S.

## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

**PLACE OF DEATH** 17101

County *West*

Village or City *Near Chestertown* (No.)

**FULL NAME** *William G. Wish*

**STATE OF MARYLAND  
CERTIFICATE OF DEATH**

Registration Dist. No. 205

St. *Ward*)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

<b>PERSONAL AND STATISTICAL PARTICULARS</b>			
<b>3 SEX</b>	<b>4 COLOR OR RACE</b>		
<i>Male</i>	<i>White</i>		
<b>5 SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> ( <i>Write the word</i> )			
<i>Married</i>			
<b>6 DATE OF BIRTH</b>			
<i>October 20, 1867</i>			
(Month) 20 (Day), 1867 (Year)			
<b>7 AGE</b>			
<i>46 yrs. 1 mos. 26 ds.</i>			
If LESS than 1 day, _____ hrs. OR min. ?			
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work. <i>Grocer</i>			
(b) General nature of industry, business, or establishment in which employed (or employer)			
<b>9 BIRTHPLACE</b> (State or country) <i>Pennsylvania</i>			
<b>10 NAME OF FATHER</b> <i>Alvin Wish</i>			
<b>11 BIRTHPLACE OF FATHER</b> (State or country) <i>Pennsylvania</i>			
<b>12 MAIDEN NAME OF MOTHER</b> <i>Barbara Gormer</i>			
<b>13 BIRTHPLACE OF MOTHER</b> (State or country) <i>Dont know</i>			
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b>			
(Informant) <i>Harold Wish</i>			
(Address) <i>Chestertown Maryland</i>			
<b>15</b>			
Filed <i>Dec. 30, 1913</i> W C Townsend			

REGISTRAR

If more blanks are needed, address State Registrar, C E. Franklin St., Balt., Requesting V. S. No. 1.

<b>MEDICAL CERTIFICATE OF DEATH</b>			
<b>16 DATE OF DEATH</b>			
<i>Dec. 15, 1913</i>			
(Month) (Day) (Year)			
<b>17 I HEREBY CERTIFY, That I attended deceased from</b>			
<i>Dec. 11, 1913, to Dec. 15, 1913,</i>			
that I last saw him alive on <i>Dec. 10, 1913,</i>			
and that death occurred on the date stated above, at <i>11.30 p.m.</i>			
The CAUSE OF DEATH* was as follows:			
<i>Chronic Intestinal Haemorrhage</i>			
(Duration) <i>2 yrs. 6 mos. 0 ds.</i>			
<b>Contributory</b> <i>Acute Uraemia</i> (Secondary)			
(Duration) <i>0 yrs. 0 mos. 2 ds.</i>			
(Signed) <i>Harry L. Dodd, M.D.</i>			
Dec. 16, 1913. (Address) <i>Chestertown, Md.</i>			
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
<b>18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)</b>			
At place of death <i>0 yrs. 0 mos. 0 ds.</i> In the State <i>0 yrs. 0 mos. 0 ds.</i>			
Where was disease contracted, if not at place of death?			
Former or usual residence			
<b>19 PLACE OF BURIAL OR REMOVAL</b>			
<i>Chestertown</i>			
<b>DATE OF BURIAL</b>			
<i>Dec. 19th, 1913</i>			
<b>20 UNDERTAKER</b>			
<i>J. E. Ferguson</i>			
<b>ADDRESS</b>			
<i>Chestertown, Md.</i>			

# REVISED UNITED STATES STANDARD

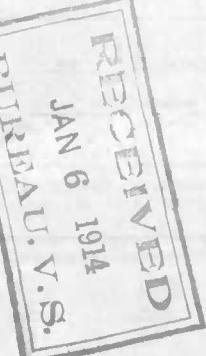
## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*: *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum, etc.* *Carcin-*oma. *Sarcoma*, etc., of \_\_\_\_\_ (name origin: "Can-*cer*" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "An-*emia*," "Anorexia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-*genital*," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-*mus*," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septic-*mia*," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIO-*LENT DEATHS* state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-*ture* of the American Medical Association.)

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## WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH Kent 17102

County Kent

Village or City Millington (No.)

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. 2nd

St. \_\_\_\_\_ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John H. Ward

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	
6 DATE OF BIRTH <u>Oct 14</u>		If LESS than 1 day, ____ hrs. OR ____ min. ?	
(Month) (Day)		(Year) <u>1817</u>	
7 AGE <u>96</u>	yrs. <u>1</u>	mos. <u>17</u>	ds. <u>0</u>

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Retired Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) 6 years.

9 BIRTHPLACE  
(State or country) Maryland

10 NAME OF FATHER William Ward

11 BIRTHPLACE OF FATHER  
(State or country) England

12 MAIDEN NAME OF MOTHER Rebecca Greenwood

13 BIRTHPLACE OF MOTHER  
(State or country) Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Byrdie Dr. H. Harris  
(Address) Millington, Md.

15 Filed Dec. 3, 1913 Julian Davis  
Signature John H. Ward  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 1st, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from slid without medical aid, 1913, that I last saw him alive on attended about 6 A.M. and that death occurred on the date stated above, at about 6 A.M.  
The CAUSE OF DEATH\* was as follows:

Senile debility.  
(Duration) yrs. mos. ds.

Contributory  
(Secondary)

(Duration) yrs. mos. ds.  
(Signed) Geo. R. Jones Health Officer, M. D.  
(Address) Galeson, Md.

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Millington, Md. DATE OF BURIAL Dec. 3, 1913

20 UNDERTAKER John H. Smith ADDRESS Millington, Md.

# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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oma, Sarcoma, etc., or \_\_\_\_\_ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds. Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Anæsthesia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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